

# Registered pharmacy inspection report

**Pharmacy Name:** Boots, 3 St. Stephens Place, Ridgeway, Plympton,  
PLYMOUTH, Devon, PL7 2ZN

**Pharmacy reference:** 1030867

**Type of pharmacy:** Community

**Date of inspection:** 11/04/2019

## Pharmacy context

The pharmacy is located in a busy shopping street in a suburb of Plymouth. It has a large retail area selling health and beauty products. A designated healthcare area is at the rear of the store. The pharmacy dispenses NHS and private prescriptions. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy offers flu vaccinations, emergency hormonal contraception, medicines for minor ailments and drug user services.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	1.2	Good practice	Team members record their errors and learn from them to stop them happening again.
		1.8	Good practice	The pharmacy team has good safeguarding procedures in place and can demonstrate having used these.
<b>2. Staff</b>	Standards met	2.2	Good practice	Team members are well trained for their roles and they keep their skills and knowledge up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy proactively gives additional advice to people receiving high-risk medicines. It makes a record of this to show that this advice has been given. The pharmacy supports local and national health campaigns.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages risks well. It ensures it is well prepared before offering a new service. It reviews its practices to make them safer and more efficient. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback to meet local needs. It has appropriate insurance for its services. The pharmacy generally keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members take necessary action to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contain details of the error and a reflection on the cause. These were reviewed monthly. Dispensing incidents recorded on the pharmacy incident and error reporting system (PIERs). A recent incident involving the incorrect brand of metformin being supplied had been reviewed and all staff were alerted to the differences.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents, and led to the generation of an action plan to reduce errors. The action plans generated through the patient safety report were shared with all team members through a team huddle and through individual briefings. The most recent action plan had focussed on dispensing staff using a self-checking tool to identify errors before passing prescription to the pharmacist for a final check. The responsible pharmacist (RP) showed evidence on the near miss log that implementation of the self-checking tool had reduced near misses. She had also identified that the few minutes after she had returned from lunch were often stressful due to the number of prescriptions awaiting a check. She had consequently briefed staff to ensure customers were told to collect their prescriptions a few minutes after she had returned if possible, to allow her time to check the prescription safely.

Caution labels were seen on several shelf-edges, including the locations of amitriptyline and amlodipine, as part of the company's 'look alike, sound alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the twelve drugs highlighted as high risk by the superintendent's office: quinine, quetiapine, atenolol, allopurinol, amlodipine and amitriptyline, prednisolone, propranolol, carbamazepine, carbimazole, azathioprine and azithromycin. All staff were briefed to say the name of LASA drugs out loud when picking to try and reduce errors. The team used the 'pharmacist information forms' (PIFs) that were attached to all prescriptions to alert the pharmacist to these drugs and the strength dispensed.

The pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office. A locally produced clinical governance document was also reviewed which outlined common themes across the region.

SOPs were up to date and had been recently reviewed and adopted by the regular responsible

pharmacist (RP), and had been signed by staff. The SOPs covering RP regulations had recently been reviewed, and had been read by all staff. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities which were documented in the RP SOPs. They were clear on their job role and wore name badges.

The pharmacy had recently began using the off-site dispensing process, Dispensing Support Pharmacy (DSP). All staff had received training and the risks had been identified and mitigated. The RP said that she completed the clinical check of the prescriptions that were sent to DSP in the consultation room which allowed her to fully concentrate. PIFs were completed at the point of labelling, and the RP also added any relevant clinical information. The prescription forms were then stored separately and reconciled with the returned dispensed prescriptions promptly.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. Feedback about the perceived lack of somewhere to speak privately had prompted the RP to proactively offer the use of the consultation room when speaking to people. A complaints procedure was available in the practice leaflet which was displayed in the retail area. A recent complaint about the supply of short-dated medication had been dealt with appropriately, and the pharmacy team had reviewed their ordering process for this medication.

Indemnity insurance was provided by the XL Insurance Company SENPA and expired on 30 June 2019. RP records were appropriately maintained and the correct RP certificate was conspicuously displayed.

Records of emergency supplies and private prescriptions were held on the patient medication record (PMR) system, Nexphase. Records of private prescriptions were found to occasionally have the incorrect date of prescribing and prescriber. The nature of the emergency was routinely recorded when emergency supplies were made privately. Records of specials were kept and were generally in order, although some did not have details of what had been supplied to whom.

Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly, and a random stock balance check was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the general data protection regulations. Patient data and confidential waste was dealt with in a secure manner to protect privacy. The storage arrangements of the retrieval system meant that confidential information on prescriptions awaiting collection could not be seen by waiting customers. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the patient medication record (PMR) stating the reason for access. NHS Smart cards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. The RP gave several examples of concerns that had been escalated to the local safeguarding team, one of which involved an elderly person with dementia. She reported that she had strong links with the practice pharmacist at the nearby GP surgery and regularly liaised with him to discuss any concerns with individual people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are well trained for their roles and they keep their skills and knowledge up to date. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP, a pharmacy technician, an NVQ2 trained pharmacy advisor and two medicines counter assistants (MCAs).

Rotas were completed 12 weeks in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from other local stores.

The team had a good rapport and felt they could mostly manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities which were detailed in standard operating procedures, and tasks and responsibilities were allocated to individuals on a daily basis.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included the 30 minute tutors supplied by the company, e-Learning packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance.

Staff were seen to offer appropriate advice when selling medicines over the counter. The MCA was observed referring to the pharmacist when she was unsure.

The staff felt able to raise concerns and give feedback to the store manager and the RP, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP described that she felt supported by the store manager and the stores in the wider area. She was in regular communication with pharmacists working in nearby stores.

The RP said the targets set were manageable and that they did not impede her professional judgement. The RP said that she would only undertake services such as MURs that were clinically appropriate. She gave several examples of when a person had been identified by the pharmacy staff as being suitable for an MUR but she did not feel it was appropriate at that time.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. Some fixtures and fittings are broken. This may cause injury to pharmacy team members and limits the storage space available.

### Inspector's evidence

The pharmacy was located in a busy shopping street in a suburb of a large city. A healthcare counter led to a galley style dispensary. The retail areas were well presented and organised.

A consultation room was available which was of an appropriate size. It was soundproofed and was locked when not in use. No patient information was stored in the consultation room.

The fixtures and fittings in the dispensary were generally well maintained. The stock was stored in pull out drawers. Some of these were broken so were not secure and could not be used. Pharmacy staff reported that this had been escalated to the maintenance department over a year ago, but no action had been taken. The shelves used to store completed prescriptions were not large enough for the number of items dispensed. This meant that completed prescriptions due for collection in coming days were stored in crates in the stockroom. They were then transferred to the retrieval system the day before they were due to be collected.

Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were clear of clutter. The pharmacy was light and bright, and temperature was controlled by an air-conditioning unit. The pharmacy closed for lunch and was secured using pull down shutters over the stock. A pharmacy team member remained in the pharmacy whilst it was closed for security.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services well. It supplies medicines safely. The pharmacy proactively gives additional advice to people receiving high-risk medicines. It makes a record of this to show that this advice has been given. The pharmacy supports local and national health campaigns. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. But, the pharmacy hasn't prepared for the change in law to identify counterfeit medicines. The pharmacy deals with medicines that people return to it appropriately.

### Inspector's evidence

The pharmacy and consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. Flash notes had been placed on the PMR of people known to lip-read. Services provided by the pharmacy were advertised on the outside of the pharmacy and the RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed, and advertised details of services offered both in store and locally. A dispenser described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured laminates were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. Prescriptions for schedule 4 CDs were annotated to highlight the 28 date expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were usually made on the patient medication record (PMR), as were details of significant interventions. The RP applied stickers to the bags of medication of women aged 25 to 35 to highlight the importance of cervical screening.

The RP had completed an audit of patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. Three patients had been identified who met the eligibility criteria for the pregnancy prevention programme. Additional counselling had been given to these people and records had been made on the PMR. Stickers were available for staff to apply to the boxes of valproate products for any people who may become pregnant, and information cards present to be given to eligible patients at each dispensing.

The pharmacy received multi-compartment compliance aids for less than five people which were prepared at another site. The prescription was attached and returned to the dispensing pharmacy on

collection.

The patient group directions (PGDs) for the supply of emergency hormonal contraception and for the minor ailments service were seen, were in date and had been signed by the relevant staff.

As described in principle one, the pharmacy had recently began using the DSP for off-site preparation of managed repeat prescriptions. The prescriptions were labelled by staff in the pharmacy, but no physical labels were produced. Any relevant clinical information was annotated on a PIF. The RP then clinically checked the prescriptions and resolved any issues. The prescriptions were then dispensed by the DSP and delivered to the pharmacy in two working days. There was a clear indication on the bags if there were any items that had not been dispensed, for example due to stock shortages, and these were then dispensed in the pharmacy.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AHH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. The pharmacy did not have the required hardware, software or scanners to be compliant with the European Falsified Medicines Directive (FMD).

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every three months. A tracking sheet was completed detailing stock that was due to expire in the coming months. Spot checks revealed no date expired stock or mixed batches.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication. Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy could also access up-to-date information on the internet.

All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sink was clean and in good working order. There was no sink in the consultation room, but hand sanitiser was available.

Dispensed prescriptions were stored in a retrieval system, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.